

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANTS

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4	1					
5		1				
6		1				
7	1					
8		1				
9		1				
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	9					
TOTAL	11					

W.H.O.	O.E.P.	W.H.O.	O.E.P.	W.H.O.	O.E.P.
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100					
TOTAL W.H.O.					
TOTAL O.E.P.					
TOTAL					